MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/012369	

APPLICANT(S)

"B"

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2	1							52						
3		/						53						
4		/						54						
5		/						55						
6		/						56						
7		/						57						
8								58						
9								59						
10		/						60						
11	/							61						
12		/						62						
13	—	—						63						
14	—	—						64						
15	—	—						65						
16	—							66						
17	—	—						67						
18	—							68						
19		/						69						
20		2						70						
21		2						71						
22		2						72						
23		2						73						
24		2						74						
25		2						75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	22							TOTAL DEP.						
TOTAL CLAIMS	2	5						TOTAL CLAIMS						

B ——

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS